

DEVELOPMENT CO-OPERATION DIRECTORATE
DEVELOPMENT ASSISTANCE COMMITTEECONVERGED STATISTICAL REPORTING DIRECTIVES FOR THE CREDITOR REPORTING
SYSTEM (CRS) AND THE ANNUAL DAC QUESTIONNAIRE - ADDENDUM 3

Reporting instructions for the RMNCH policy marker

The Working Party on Development Finance Statistics has agreed to test collecting data on aid in support of reproductive, maternal, newborn and child health (RMNCH) through a policy marker. It has further agreed that the RMNCH marker will be introduced for 2014 reporting on 2013 flows and will be evaluated after a two-year trial period [DCD/DAC/STAT/M(2012)2/REV2 paragraphs 19-20].

This note contains reporting instructions on the RMNCH policy marker for inclusion in the Converged Statistical Reporting Directives, covering definition, frequently asked questions and examples. It is circulated for members' approval under the written procedure. No objections were received by 11 January 2014 thus this document is considered approved and unclassified.

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CONVERGED STATISTICAL REPORTING DIRECTIVES FOR THE CREDITOR REPORTING SYSTEM (CRS) AND THE ANNUAL DAC QUESTIONNAIRE – ADDENDUM 3

Reporting instructions for the RMNCH policy marker

1. The Working Party on Development Finance Statistics has agreed to test collecting data on aid in support of reproductive, maternal, newborn and child health (RMNCH) through a policy marker. It has further agreed that the RMNCH marker will be introduced for 2014 reporting on 2013 flows and will be evaluated after a two-year trial period [DCD/DAC/STAT/M(2012)2/REV2 paragraphs 19-20].
2. This note contains reporting instructions on the RMNCH policy marker for inclusion in the Converged Statistical Reporting Directives, covering definition, frequently asked questions and examples. It is circulated for members’ approval under the written procedure. **If no objections are received by 11 January 2014, the note is considered approved.**

Proposed modifications to core text of the Converged Statistical Reporting Directives

Chapter 4, section “IV. Policy objectives of aid”, below paragraph 135, add a footnote as follows:

Definitions and additional documentation on the 8 markers²⁰ are provided in Annexes 17 and 18.

20. A ninth marker for reproductive, maternal, newborn, and child health (RMNCH) will be introduced for 2014 reporting on 2013 flows and will be evaluated after a two-year trial period. Based on a marking system with five values, it differs in structure and treatment from the other policy markers and is presented in Annex 17.

Chapter 5, modify “Figure 3. Bilateral and multilateral aid and other resource flows to developing countries: CRS++ item-level reporting” by adding new section below section E:

F. Trial data collection

54. RMNCH..... _

Chapter 5, section “III.2 Instructions for reporting in CRS++”, below paragraph 339, **add**:

Section F. TRIAL DATA COLLECTION

<p>54. RMNCH</p> <p><i>See Annex 17 for detailed instructions</i></p>	<p>4=Explicit primary objective</p> <p>3=Most, but not all of the funding is targeted to the objective.</p> <p>2=Half of the funding is targeted to the objective.</p> <p>1=At least a quarter of the funding is targeted to the objective.</p> <p>0=Negligible or no funding is targeted to RMNCH activities/results. RMNCH is not an objective of the project/programme.</p> <p>Blank=not screened</p>
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Chapter 6, Box 5 “Statistical presentations on policy markers”, **add a footnote** at end of title as follows:

Box 5. Statistical presentations on policy markers¹

1. This box does not take into account the RMNCH marker which will be introduced for 2014 reporting on 2013 flows for a two-year trial period and whose structure and treatment differ from the existing policy markers.

Proposed modifications to Addendum 1 of the Converged Statistical Reporting Directives

Module B. “Reporting forms, rules for compiling aggregates, mapping between DAC tables”, Annex 3: “Reporting forms”, **add section for RMNCH marker** at bottom of table “Summary of reporting in CRS++” as follows:

TRIAL DATA COLLECTION	<p>54. RMNCH</p>	<p>4=Explicit primary objective</p> <p>3=Most, but not all of the funding is targeted to the objective.</p> <p>2=Half of the funding is targeted to the objective.</p> <p>1=At least a quarter of the funding is targeted to the objective.</p> <p>0=Negligible or no funding is targeted to RMNCH activities/results. RMNCH is not an objective of the project/programme.</p> <p>Blank=not screened</p>
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Module B. “Reporting forms, rules for compiling aggregates, mapping between DAC tables”, Annex 3: “Reporting forms”, **add line for RMNCH marker** at bottom of table “Examples of reporting in CRS++” as follows (highlighted in yellow):

Examples of reporting in CRS++

			Example 1	Example 2	Example 3	Example 4
			Bilateral ODA grant New activity reported	Bilateral ODA loan New activity reported	Bilateral ODA Not new (Disbursement on earlier commitment)	Multilateral ODA New activity reported
IDENTIFICATION DATA	Reporting year	1	2010	2010	2010	2010
	Commitment date	1b	10/12/2010	01/03/2010		31/01/2010
	Reporting country	2	x	x	x	x
	Extending agency	3	1	2	3	4
	CRS Identification N°	4	201000001	201000002	200800003	201000004
	Donor project N°	5	A100000	B200000	C300000	D400000
BASIC DATA	Nature of submission	6	1	1	3	1
	Recipient country	7	71	665	266	
	Channel of delivery_name	8	UNICEF	Public Sector	Ministry of Finance	Food and Agriculture Organisation
	Channel code	9	41122	10000	10000	41301
	Bi/Multi	10	1	1	1	2
	Type of flow (main DAC1 category)	11	10	10	10	10
	Type of finance	12	110	410	110	110
	Type of aid	13	C01	C01	C01	B02
	Short description / project title	14	Evaluation of the Child Protection Unit...	Construction of the hydropower plant	Rural water and sanitation support	Contribution to FAO [Assessed]
Purpose code	15	15160	23065	14030		




TRIAL DATA COLLECTION	RMNCH	54	Reporting will begin with 2013 flows (new commitments)			
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			Example 5	Example 6	Example 7
			OOO (commitment and disbursement increase) with outstanding amount reported	Private FDI (aggregate by recipient and type of finance)	Non-concessional export credit (Private market, disbursement)
IDENTIFICATION DATA	Reporting year	1	2010	2010	2010
	Commitment date	1b			
	Reporting country	2	x	x	x
	Extending agency	3	5	6	7
	CRS Identification N°	4	200800005	201000006	201000007
	Donor project N°	5	E500000	F600000	G700000
BASIC DATA	Nature of submission	6	3	1	1
	Recipient country	7	645	540	769
	Channel of delivery_name	8	Public sector		
	Channel code	9	10000		
	Bi/Multi	10	1	1	1
	Type of flow (main DAC1 category)	11	20	35	35
	Type of finance	12	411	710	451
	Type of aid	13			
	Short description / project title	14	Investment-related loan: pulp production	FDI from private sector, aggregate	Guaranteed non-concessional export credits (maturity 5 years)
Purpose code	15	32162			

TRIAL DATA COLLECTION	RMNCH	54	Reporting will begin with 2013 flows (new commitments)			
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Module B. “Reporting forms, rules for compiling aggregates, mapping between DAC tables”, Annex 4: “CRS++ items required for different resource flows”, **add line for RMNCH marker** at bottom of table as follows (highlighted in yellow):

CRS++ items required for different resource flows

											
		<i>Field name</i>	<i>Order</i>	BI ODA	MULTI ODA	OOF NON-EXPORT CREDIT	OOF EXPORT CREDIT	PRIV. GRANTS	PRIV. MARKET	NON FLOW	OTHER FLOWS
IDENTIFICATION DATA		Reporting year	1								
		Commitment date	1b								
		Reporting country / organisation	2								
		Extending agency	3								
		CRS Identification N°	4								
		Donor project N°	5								
	Nature of submission	6									
BASIC DATA		Recipient country	7								
		Channel of delivery_name	8								
		Channel code	9								
		Bi/Multi	10				1				
		Type of flow (Main DAC 1 category)	11	10	10	20	20	30	35	40	50
		Type of finance	12					110			
		Type of aid	13		B02						
		Short description / Project title	14								
	Sector / Purpose code	15									
SUPPLEMENTARY DATA		Geographical target area	16								
		Expected starting date	17								
		Expected completion date	18								
		Description	19								
		Gender equality	20								
		Aid to environment	21								
		PD/GG	22								
		Trade Development	23								
		FTC	24								
		PBA	25								
		Investment	26								
		AF	27								
		Biodiversity	28								
		Climate change - mitigation	29								
		Climate change - adaptation	30								
		Desertification	31								
VOLUME DATA		Currency	32								
		Commitments	33								
		Amounts extended	34								
		Amounts received (for loans: only principal)	35								
		Amount untied	36								
		Amount partially untied	37								
		Amount tied	38								
		Amount of IRTC	39								
		If project-type, amount of experts_commitments	40								
		If project-type, amount of experts_extended	41								
		Amount of export credit in AF package	42								
For loans only		Type (EPP:1,annuity:2,lump sum:3,other:5)	44								
		Number of repayments per annum	45								
		Interest rate	46								
		Second interest rate	47								
		First repayment date	48								
		Final repayment date	49								
		Interest received	50								
		Principal disbursed and still outstanding	51								
		Arrears of principal (included in item 51)	52								
	Arrears of interest	53									
Trial data collection		RMNCH	54								

Proposed modifications to Addendum 2 of the Converged Statistical Reporting Directives

Modifications to text in existing paragraphs are highlighted in yellow.

List of annexes (page 2), under “Module E. Policy objectives”, “Annex 17: Policy markers”, add RMNCH marker as follows:

Annex 17: Policy markers

Gender equality marker (and frequently asked questions)

Environment marker

PD/GG marker

Trade development marker

RMNCH marker (and frequently asked questions and examples)

Module E. Policy objectives, Annex 17: Policy markers, modify paragraph 2 and add footnote as follows:

2. Some of the MDGs are clearly sector-focused (e.g. universal primary education, **reduction of maternal mortality rate**), and the CRS sector classification gives the necessary detail to collect data on aid activities in these fields. Certain aspects of environmental sustainability can likewise be captured through purpose codes (e.g. specific activities for environmental policy and planning, biosphere protection, biodiversity conservation and hazardous waste management). However, activities across all economic sectors can be targeted to environmental sustainability. Likewise, activities across a multitude of sectors can be targeted to reproductive, maternal, newborn and child health. Gender equality measures are also applied in various sectors. To identify these activities, the following markers have been defined: **gender equality, aid to environment, participatory development/good governance (PD/GG), and reproductive, maternal, newborn and child health (RMNCH)**¹¹.

Footnote 11: The RMNCH marker will be introduced for 2014 reporting on 2013 flows and will be evaluated after a two-year trial period.

Module E. Policy objectives, Annex 17: Policy markers, modify paragraph 5 as follows:

5. Policy marker data are **generally descriptive** rather than quantitative. The system allows for the identification of activities targeted to a policy objective. It gives information on the degree to which members implement the agreed policies in their aid programmes.

Module E. Policy objectives, Annex 17: Policy markers, modify paragraph 6 as follows:

6. Data collection on **all** policy objectives of aid **except RMNCH** is based on a marking system with three values:

Module E. Policy objectives, Annex 17: Policy markers, add following paragraphs below paragraph 12:

13. Data collection on aid in support of reproductive, maternal, newborn, and child health (RMNCH) is based on a marking system with five values:

- * explicit primary objective;

- * most, but not all of the funding is targeted to the objective;
- * close to half of the funding is targeted to the objective;
- * approximately a quarter of the funding is targeted to the objective;
- * negligible or not targeted to the policy objective.

14. **Explicit primary** objective means RMNCH must be the primary or sole purpose of the activity. The activity would not be undertaken if not for the RMNCH objective.

15. **Most, but not all** project/programme funding targeted to the objective means the project/program has objectives other than RMNCH, but it is clear that the majority of funding is allocated to achieve the RMNCH objectives.

16. **Close to half** of the project/programme funding is targeted to RMNCH activities/results.

17. **Approximately a quarter** of the project/programme funding is targeted to RMNCH activities/results. The project/program has objectives other than RMNCH and only a minority of the funding is allocated to achieve the RMNCH objectives.

18. The score **negligible or not targeted** means that the activity was examined but found not to target the policy objective.

19. For data processing purposes, the scores are given numeric values: “4” for explicit, “3” for most, “2” for half, “1” for a quarter and “0” for not targeted. An **empty** field indicates that the activity has not been marked (not screened against the objective).

20. Members not able to implement the scoring system with 5 values may use the traditional three-value policy marker system and apply a crosswalk assigning the codes “4”, “1” and “0” to the standard “2”, “1”, “0” policy marker coding.

Funding interpretation of RMNCH marker scores

21. The RMNCH marker is designed to facilitate “approximate” estimation of quantitative amounts based on the funding interpretation shares shown in the table below where the marker scores of “4”, “3”, “2”, “1” and “0” correspond to 100%, 75%, 50%, 25% and 0% respectively of a project’s funding targeted to RMNCH activities. Care should be taken not to interpret or present these resulting data as precise and comprehensive amounts of RMNCH-related contributions.

RMNCH marker score	Estimation of project’s funding allocated to RMNCH	Share used for compiling quantitative estimates on RMNCH
4	86% to 100%	100%
3	61% to 85%	75%
2	36% to 60%	50%
1	15% to 35%	25%
0	0% to 14%	0%

22. When preparing quantitative estimates of aid in support of RMNCH, the full amount of an activity will be counted for a marker score of “4”, for example, while only 50% of the amount will be counted where a marker score of “2” has been assigned.

Module E. Policy objectives, Annex 17: Policy markers, at end of annex, below Trade development page/box, insert the following section/box and FAQs and examples on RMNCH:

REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH	
DEFINITION An activity should be classified as RMNCH if:	<p>It contributes to achieving improved maternal, newborn and child health based on the “continuum of care” concept: The "Continuum of Care" for reproductive, maternal, newborn and child health (RMNCH) implies a life-cycle approach and includes integrated service delivery for women and children from reproductive health to pre-pregnancy, delivery, the immediate postnatal period, and childhood. Such care is provided by families, households and communities as well as through inclusive outpatient services, clinics and other health facilities on district and national level. The Continuum of Care recognises that reproductive choice and safe childbirth are critical to the health of both the woman and the newborn child - and that a healthy start in life is an essential step towards a sound childhood and a productive life.</p>
CRITERIA FOR ELIGIBILITY	<p>The activity contributes to any one of the following:</p> <ul style="list-style-type: none"> a) Improved access for women and children to a comprehensive, integrated package of essential health interventions and services along the continuum of care; b) Strengthening health systems in order to improve access to and deliver integrated high-quality RMNCH specific services; c) RMNCH specific workforce capacity building, ensuring skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations. <p><i>Note: as good practice, in their project text, donors should indicate which of the above criteria is addressed in their activity.</i></p>
EXAMPLES OF TYPICAL ACTIVITIES	<p><u>Essential interventions and services</u> such as:</p> <p>Family planning, contraception; Antenatal, newborn, and postnatal care; Emergency obstetric and newborn care; Skilled care during childbirth at appropriate facilities; Safe abortion services (where not prohibited by law); Prevention of mother to child transmission of HIV and other STIs; Combating reproductive tract infections, reproductive health-related cancers, and other gynecological morbidities; Infertility treatment; Prevention and treatment for major childhood illnesses including acute respiratory infections and diarrhea; Improving infant and child feeding practices; Promoting exclusive breast-feeding; Providing ready-to-use therapeutic foods and key vitamins and minerals, including Vitamin A and iodized salts.</p> <p><u>Health Systems Strengthening:</u></p> <p>Removal of financial, social, and cultural barriers to access health care (including advocacy); Improving service delivery to RMNCH and increasing access to adequately equipped health centres; Supporting national plans and priorities regarding RMNCH; Implementing monitoring and evaluation mechanisms; Training, retraining and deploying health workers.</p> <p><u>These activities contribute to the RMNCH-continuum of care through important interventions outside the health sector:</u></p> <p>Promotion of standards of comprehensive sexual education; Targeted food security programmes tailored to the needs of pregnant women, mothers and their children; Programmes that address most vulnerable population groups, such as internally displaced persons or ethnic minorities that suffer from displacement, with regard to their sexual and reproductive health needs; Improving access to clean water and hygienic sanitation for pregnant women, mothers and their children; Provision of maternal and child health services such as birthing kits or the dispatch of midwives and obstetricians which forms part of humanitarian aid emergency response; Collection of census data where specific development has occurred to target accurate reporting of vitals, i.e. the number of births and the number of “live” births.</p>

N.B. Activities that can be assigned one of the following sector codes justify, by definition, at least a value of 2: Population policy and administrative management (13010); Reproductive health care (13020); Family planning (13030); Personnel development for population and reproductive health (13081). Activities that cannot be assigned one of the above sector codes nor one of the following sector codes could only justify a score of up to 2: All health sector purpose codes (12xxx), STD control including HIV/AIDS (13040), Basic drinking water supply and basic sanitation (14030), Basic drinking water supply (14031) and Basic sanitation (14032).

RMNCH: FREQUENTLY ASKED QUESTIONS AND EXAMPLES

FAQ 1. What is the approach to assigning the RMNCH marker score?

Step by step approach to assigning RMNCH marker score

STEP 1: Does the activity meet the criteria for eligibility? If not, then apply an RMNCH marker score of “0”. If the activity does meet the criteria for eligibility then proceed to the next step.

STEP 2: Identify those activities that meet the RMNCH criteria for eligibility and their estimated portion of the project’s overall budget. Calculate the estimated proportion (%) of the project’s budget that is being spent on the RMNCH activities; this figure is the project’s RMNCH % used in Step 3.

STEP 3: The following table can be used to determine the appropriate RMNCH marker score (0-4) for a project/programme based on the proportion of the project that is allocated to RMNCH.

Estimation of project’s funding allocated to RMNCH	RMNCH marker score
86% to 100%	4
61% to 85%	3
36% to 60%	2
15% to 35%	1
0% to 14%	0

Example application of RMNCH marker

A donor is supporting the construction of a hospital that will consist of a 145-bed general care wing, a 40-bed maternity ward, a 45-bed pediatric wing for a total of 230 beds. Given that the funding required for 37% of the hospital beds fit the RMNCH eligibility criteria, this project should be coded with an RMNCH marker of “2” or 50%.

See more examples at the end of the FAQs below.

FAQ 2. Can any score be applied to any code?

No. There are validation rules on the applicability of the marker to specific sectors along with minimum and maximum scores.

The nature of RMNCH interventions suggests application rules can be based on purpose codes, and rules on applying marker scores help ensure consistency among members and over time. Thus, a score of 3 or 4 could be applied only to activities with the CRS purpose codes shown in the table below. The table also suggests prohibiting scores 0 and 1 for some of these codes, since their main activities would necessarily contribute to RMNCH, justifying at least a value of 2. On the other hand, for CRS purpose codes outside those listed below, RMNCH activities would be limited and could only justify a score of up to 2.

Validation rules

Legend: RMNCH marker score can be applied RMNCH marker score cannot be applied

CRS purpose code	Description	RMNCH marker score				
		0	1	2	3	4
12110	Health policy and administrative management	√	√	√	√	√
12181	Medical education/training	√	√	√	√	√
12182	Medical research	√	√	√	√	√
12191	Medical services	√	√	√	√	√
12220	Basic health care	√	√	√	√	√
12230	Basic health infrastructure	√	√	√	√	√
12240	Basic nutrition	√	√	√	√	√
12250	Infectious disease control	√	√	√	√	√
12261	Health education	√	√	√	√	√
12262	Malaria control	√	√	√	√	√
12263	Tuberculosis control	√	√	√	√	√
12281	Health personnel development	√	√	√	√	√
13010	Population policy and administrative management	x	x	√	√	√
13020	Reproductive health care	x	x	√	√	√
13030	Family planning	x	x	√	√	√
13040	STD control including HIV/AIDS	√	√	√	√	√
13081	Personnel development for population and reproductive health	x	x	√	√	√
14030	Basic drinking water supply and basic sanitation	√	√	√	√	√
14031	Basic drinking water supply	√	√	√	√	√
14032	Basic sanitation	√	√	√	√	√
Any other codes	<i>Purpose codes not listed above in this table</i>	√	√	√	x	x

These RMNCH validation rules will be applied to member's CRS submissions in an effort to establish a minimum level of data quality for the RMNCH marker.

Applying RMNCH marker directives – example projects

The examples below are meant to illustrate how the directives for using the RMNCH marker should be applied in various projects and activities.

Example 1: Emergency obstetrics in South Sudan

Description: The project aims to establish 24-hour comprehensive emergency obstetrical and neonatal care hospitals in Southern Sudan. It is designed to improve women's access to care to reduce maternal and newborn mortality and morbidity. The project covers at least eight hospitals and is expected to benefit 150,000 women and children. An estimated 210 hospital personnel are being trained in all aspects of obstetrical and neonatal care services, including clinical and training guidelines. The project is expected to staff the hospitals adequately and provide them with access to appropriate drugs, supplies, equipment and facilities for 24-hour emergency obstetrical and neonatal care services.

STEP 1: Does the project meet the eligibility criteria? Yes the project meets the criteria for eligibility as it is contributing to improved access to health services for women and children along the continuum of care, health systems strengthening and training health workers.

STEP 2: Calculate the RMNCH %.

Total project budget = USD 12.06 million

Project activity	Estimated approximate cost, USD	% of total project budget	Meets RMNCH eligibility criteria?
Support for hospitalization of women for emergency obstetric care	1.4 million	12%	YES
Recruitment and support to medical doctors and anaesthetists	2.3 million	19%	YES
Drugs and renewable supplies	1.4 million	12%	YES
Fixed instruments and equipment	1.1 million	9%	YES
Capital improvements of hospitals	1.5 million	12%	YES
Maternal waiting homes	0.84 million	7%	YES
Support to general practitioners into speciality training programs	0.72 million	6%	YES
Training and on-the-job coaching	2.8 million	23%	YES
TOTAL	12.06 million	100%	

Based on the above breakdown of the project activities, the project is 100% RMNCH.

STEP 3: By using the lookup table, given that the project is 100% RMNCH, it would receive an RMNCH marker score of "4".

Estimation of project's funding allocated to RMNCH	RMNCH marker score
86% to 100%	4
61% to 85%	3
36% to 60%	2
15% to 35%	1
0% to 14%	0

Example 2: Construction of the Artibonite Provincial Hospital in Gonaïves

Description: The project supports the design and construction phase for a new 200-bed departmental hospital in Gonaïves. The project aims to improve access to and quality of specialized health services for children, women and men in Artibonite Department, and to improve the health system in Haiti, establishing a replicable model for departmental level hospitals in Haiti.

STEP 1: Does the project meet the eligibility criteria? Yes the project meets the criteria for eligibility as it is contributing to improved access to health services for women and children along the continuum of care.

STEP 2: Calculate the RMNCH %.

Total project budget = USD 20 million

Project activity	Estimated approximate cost, USD	% of total project budget	Meets RMNCH eligibility criteria?
Construct a new 135-bed general care wing	12 million	60%	NO
Construct a new 30-bed maternity ward (with neonatology and obstetric/gynecological services)	3 million	15%	YES
Construct a new 35-bed pediatric ward	3.5 million	17.5%	YES
Construct a new waiting home for pregnant women close to delivery	1.5 million	7.5%	YES
TOTAL	20 million	100%	

Based on the above breakdown of the project activities, the project is 40% RMNCH.

STEP 3: By using the lookup table, given that the project is 40% RMNCH, it would receive an RMNCH marker score of “2”.

Estimation of project's funding allocated to RMNCH	RMNCH marker score
86% to 100%	4
61% to 85%	3
36% to 60%	2
15% to 35%	1
0% to 14%	0

Example 3: Environmental Management and Capacity Development in Guyana - Phase II

Description: This project builds on achievements accomplished in a previous project called Environmental Management and Capacity Development. It is community- and private-sector-oriented. It aims to support the poorest segments of Guyana's population, namely the rural poor and hinterland populations. The goal of the project is to promote private-sector-led economic growth that provides

sustainable livelihoods and reduces poverty. Improvements to the health, skills, and economic opportunities of miners and the men, women and families in selected communities living near mining operations are also targeted through this project.

STEP 1: Does the project meet the eligibility criteria? Yes, although RMNCH is not a primary focus of this project and is not mentioned in the brief description above, a more thorough examination of project documentation demonstrates that there is an important component for improving the health of children and pregnant and nursing mothers.

STEP 2: Calculate the RMNCH %.

Total project budget = USD 12.70 million

Project Activity	Estimated approximate cost, USD	% of total project budget	Meets RMNCH eligibility criteria?
Support environmentally and gender friendly small and medium scale mining and non-mining businesses in selected communities in the hinterland	2.0 million	16%	NO
Implement Human Resource Development programs in mining and non-mining operations	0.5 million	4%	NO
Develop University of Guyana curriculum in health and social sciences and upgrade curriculum in mining engineering	1.0 million	8%	NO
Rehabilitation and re-vegetation of mined-out sites	1.5 million	12%	NO
Support for policies, administration and management in mining operations.	2.3 million	18%	NO
Introduce Bti larvicide to reduce breeding grounds for malaria transmitted through mosquitoes	0.5 million	4%	NO
Introduce alternative diets that avoid carnivorous fish for pregnant and nursing mothers to decrease levels of mercury	2.8 million	22%	YES
Establish models for Tailings Management, Rehabilitation and cyanide gold leaching to reduce turbidity in tailings from proto-Mahdia Georgia Creek to decrease mercury in domestic waters	1.3 million	10%	NO
Improve sanitation in mining camps	0.8 million	6%	NO
TOTAL	12.7 million	100%	

Based on the above breakdown of the project activities, the project is 22% RMNCH.

STEP 3: By using the lookup table, given that the project is 22% RMNCH, it would receive an RMNCH marker score of “1”.

Estimation of project's funding allocated to RMNCH	RMNCH marker score
86% to 100%	4
61% to 85%	3
36% to 60%	2
15% to 35%	1
0% to 14%	0

Example 4: Project for Sanitation and Hygiene Improvement in rural areas of Tambacounda, Kedougou and Matam Regions in Senegal

Description: The standard of sanitation and hygiene in rural areas of Tambacounda, Kedougou and Matam Regions in Senegal is very low because of shortage of safe water, people's insufficient understanding of sanitation and hygiene, and lack of basic hygiene facilities (e.g. toilets). The mortality rate of infants and children in the areas is high and it is mainly caused by diarrhea and contagious diseases due to the poor sanitation and hygiene. The project is dealing with the issue at some pilot villages, aiming at improving the situation. The contagious diseases are particularly common among women, who are usually responsible for securing drinking water and taking care of children, and they are encouraged to participate in the activities of the project. Their participation is considered as the essential element of the project.

The project therefore significantly contributes to the improvement of RMNCH and should be scored "1" against this marker.